## FORM D

SEC Mail Section

UNITED STATES

Finall Processing SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

JUN 27 20UV

FORM D

Washington, DC 106

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

UNIB	APPROVAL	

**OMB Number:** 

3235-0076

Expires:

April 30, 2008

Estimated average burden

hours per form ..... 16.00

SEC USE ONLY **Prefix** Serial DATE RECEIVED

Filing Under (Check box(es) that apply):				
Filing Under (Check box(es) that apply):	Name of Offering ( check if this is an amendment an	nd name has changed, and indic	cate change.)	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Topline Solutions Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Telephone Number (Including Area Code) (510) 333-8539  Telephone Number (Including A	Secured Convertible Promissory Note Offering		·	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Topline Solutions Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Telephone Number (Including Area Code) (31) 333-8539  Telephone Number (Including Area Code) (31) 333-8539  Telephone Number (Including Area Code) (32) 333-8539  Telephone Number (Including Area Code) (33) 333-8539  Telephone Number (Including Area Code) (34) 333-8539  Telephone Number (Including Area Code) (35) 333	Filing Under (Check box(es) that apply):   Rule 504	☐ Rule 505 🖾 Rule 506	☐ Section 4(6) ☐	ULOE
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Topline Solutions Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (510) 333-8539  Telephone Number (Including Area Code) (510) 333-8539  Telephone Number (Including A				
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Name of Issuer (		A. BASIC IDENTIFICATION	N DATA	
Name of Issuer (	1. Enter the information requested about the issuer			
Topline Solutions Inc.  Address of Executive Offices 2120 Funston Place, Oakland, CA 94602-2523  Address of Principal Business Operations (if different from Executive Offices) Same  Brief Description of Business Software and Services Company  Type of Business Organization  Corporation   limited partnership, already formed   business trust   limited partnership, to be formed  Month   Year   Telephone Number (Including Area Code)  Same  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Same  Telephone Number (Including Area Code)  Same  Telephone Number (Including Area Code)  Telephone Number (Including Area Code)  Same  Telephone Number (Including Area Code)  Same  Telephone Number (Including Area Code)		name has changed, and indicat	te change.)	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Same  Priof Description of Business  Software and Services Company  Type of Business Organization  Corporation Imited partnership, already formed business trust Imited partnership, to be formed  Month Year  THOMSON REUTERS	Topline Solutions Inc.	• •	•	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Same  Priof Description of Business  Software and Services Company  Type of Business Organization  Corporation Imited partnership, already formed business trust Imited partnership, to be formed  Month Year  THOMSON REUTERS	Address of Executive Offices (	(Number and Street, City, State	e, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same  Brief Description of Business  Software and Services Company  Type of Business Organization  ☑ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed  Month Year  THOMSON REUTERS	2120 Funston Place, Oakland, CA 94602-2523			(510) 333-8539
Brief Description of Business Software and Services Company  Type of Business Organization  Corporation   limited partnership, already formed   other (please specify):	Address of Principal Business Operations (	(Number and Street, City, State	e, Zip Code)	Telephone Number (Including Area Code)
Software and Services Company  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ business trust ☐ limited partnership, to be formed  Month Year  THOMSON REUTERS	(if different from Executive Offices) Same		-	Same
Type of Business Organization  Corporation  Imited partnership, already formed  Imited partnership, to be formed  Month  Year  THOMSON REUTERS	Brief Description of Business			
Type of Business Organization  Corporation  Imited partnership, already formed  Imited partnership, to be formed  Month  Year  THOMSON REUTERS	Software and Services Company			PROCESSED
Month Year THOMSON REUTERS	Type of Business Organization		<del></del>	
Month Year THOMSON REUTERS	☑ corporation ☐ limited partnership,	, already formed	other (please specify	): \tag{111} 0 1 2008
	☐ business trust ☐ limited partnership,	, to be formed		
				THOMSON RELITERS
Actual or Estimated Date of Incorporation or Organization:   0   7     0   4   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Month Y	<del></del>	•
	Actual or Estimated Date of Incorporation or Organizati	ion: $\begin{bmatrix} 0 & 7 \end{bmatrix} = \begin{bmatrix} 0 \end{bmatrix}$	<b>4</b> ⊠ A	Actual   Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Jurisdiction of Incorporation or Organization: (Enter tw	vo-letter U.S. Postal Service ab	breviation for State:	
CN for Canada; FN for other foreign jurisdiction) WA	CN fo	or Canada; FN for other foreign	i jurisdiction) W	<b>A</b>

## GENERAL INSTRUCTIONS

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption un 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in 1 the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received b received at that address after the date on which it is due, on the date it was mailed by United address.



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Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) 1 of 8

		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information rec	uested for the fo	llowing:			
	=	ssuer has been organized	d within the past five ye	ars;	
Each beneficial ov securities of the is		ower to vote or dispose,	or direct the vote or dis	position of, 10%	or more of a class of equity
	•	of corporate issuers and	of corporate general an	d managing part	ners of partnership issuers; and
		of partnership issuers.	or ourborned Bonorn and		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Roth, Catherine C.	if individual)				
Business or Residence Addr 2120 Funston Place, Oakl			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Puckett, Allen W.	if individual)				
Business or Residence Addr 21-2324 Taluswood Place			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Auger, Richard C.	if individual)				
Business or Residence Addi 1398 Inglewood, St. Helen		d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Beck, G. Douglas	if individual)				
Business or Residence Addr 18918 NE 194th Street, W			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Reggie, Ed Michael	if individual)				
Business or Residence Addr 201 St. Charles Avenue, St.			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Future Factory	if individual)				
Business or Residence Addr 201 St. Charles Avenue, Se			Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Beneficial Owner ☐ Executive Officer

□ Director

☐ General and/or

Managing Partner

Check Box(es) that Apply

Von Gehr, George

Full Name (Last name first, if individual)

2120 Funston Place, Oakland, CA 94602-2523

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			A. BASIC IDEN	ITIFICATION DATA					
2. Enter the information requested for the following:									
•	Each promoter of t	the issuer, if the i	ssuer has been organized	d within the past five ye	ars;				
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
. •	Each executive off	icer and director	of corporate issuers and	of corporate general an	d managing partr	ers of partnership issuers; and			
•	Each general and r	nanaging partner	of partnership issuers.						
Check Bo	ox(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Nam	e (Last name first,	if individual)							
Hutchins	, Kristin								

Business or Residence Address (Number and Street, City, State, Zip Code) 2120 Funston Place, Oakland, CA 94602-2523

					B. 11	NFORM/	ATION A	BOUT O	FFERIN	G				
													Yes	No
1. T	las the iss	uer sold,								offering?.	••••••			X
			Answe	er also in A	Appendix,	Column 2	2, if filing	under UL	OE.					
2. \	What is th	e minim	um inves	tment that	will be a	ccepted fr	om any in	dividual?					<b>\$</b>	
													<u>Yes</u>	<u>No</u>
			•		-	<del>-</del>							X	
1	or similar isted is ar of the bro	remuner associa ker or de	ation for ted perso aler. If t	solicitation n or agent	on of purc of a brok five (5) p	hasers in er or deal ersons to	connection er register	n with sal ed with th	es of secu ie SEC an	rities in tl d/or with	he offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may		
Full Nar n/a	ne (Last n	ame first,	if indivic	lual)										
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
Name of	Associate	ed Broker	or Deale	r										
States in	Which Po	erson List	ed Has S	olicited or	Intends to	Solicit Pu	rchasers		<del>.</del>					
(Chec	ob "All Sta	ites" or cl	neck indiv	ridual State	ec)								□ All :	States
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	□ A.II .	States
[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		•
[MT] [Ri]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	ne (Last n													
Ducinos	or Decide	noo Add	ross (Nun	nber and S	troot City	State 7in	Coda)			<del></del>				
Dusiness	or residi	nice Add	1033 (1141)	noci and 5	neer, erry,	State, Zip	(Code)							
Name of	Associate	ed Broker	or Deale	r										
States in	Which Po	erson List	ed Has S	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	neck indiv	zidual Stati	es)								□ All:	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IL]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	(NE) [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	ne (Last n													
Business	or Reside	ence Add	ress (Nun	nber and \$	treet, City,	State, Zip	Code)	· <del></del> -						
			`			•								
Name of	Associate	ed Broker	or Deale	r										
States in	Which Po	erson List	ed Has S	olicited or	Intends to	Solicit Pu	rchasers							
(Chec	k "All Sta	ites" or cl	neck indiv	vidual State	es)		•••••					1	□ All :	States
(AL)	[AK]	[AZ]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[IL] [MT] [R1]	(IL) [NE] [SC]	[IA] [NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[ME] [NY] [VT]	[NC] [VA]	[MA] [ND] [WA]	[WI] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	dicate in the columns below the amounts of the securities offered for exchange and already exchanged.		\	<b>A</b>	umt Almoodus
	Type of Security	Of	Aggregate fering Price		unt Already Sold
	Debt	\$		\$	
	Equity	\$	1,000,000	\$	999,606
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	<del></del>
	Other (Specify))	<b>s</b>		\$	
	Total	<b>S</b>	1,000,000		
	Answer also in Appendix, Column 3, if filing under ULOE.			•	
of nu	ter the number of accredited and non-accredited investors who have purchased securities in this fering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the imber of persons who have purchased securities and the aggregate dollar amount of their purchases on e total lines. Enter "0" if answer is "none" or "zero."		Number	A	ggregate
			Investors		ar Amount Purchases
	Accredited Investors		14	<b>\$</b>	999,606
	Non-accredited Investors		n/a	<b>\$</b>	n/a
	Total (for filings under Rule 504 only)		n/a	<b>S</b>	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.				
so	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities ld by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first e of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	Doll	ar Amount Sold
	Rule 505		n/a	<b>S</b>	n/a
	Regulation A		n/a	<b>\$</b>	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	<b>\$</b>	n/a
thi ma	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in s offering. Exclude amounts relating solely to organization expenses of the issuer. The information by be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an imate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s	
	Printing and Engraving Costs			\$	
	Legal Fees		X	\$	10,000
	Accounting Fees			s	
	Engineering Fees			<b>s</b>	<del></del>
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify)	•••••		<b>s</b>	

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSI	ES AN	D USE OF PROC	CEEDS		
	b. Enter the difference between the aggregate offering prictotal expenses furnished in response to Part C – Questic proceeds to the issuer."	on 4.a. This difference is the "	adjuste	ed gross		\$	990,000
5.	Indicate below the amount of the adjusted gross proceeds each of the purposes shown. If the amount for any purpo the box to the left of the estimate. The total of the p proceeds to the issuer set forth in response to Part C - Ques	d check					
				Payments to Officers, Directors & Affiliates		•	ments to Others
	Salaries and fees	***************************************		\$	🗆	<b>\$</b>	
	Purchase of real estate			\$	□	\$	
	Purchase, rental or leasing and installation of machine	ry and equipment		\$		<b>S</b>	<del></del>
	Construction or leasing of plant buildings and facilities	S		\$	□	\$	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of pursuant to a merger)	r securities of another issuer	0	s	_ 0	<b>s</b>	
	Repayment of indebtedness	***************************************		\$	0	s	
	Working capital	***************************************		\$	×	\$	990,000
	Other (specify):						
				\$	□	\$	<del></del>
	Column Totals	_	X	\$	0 🗵	\$	990,000
	Total Payments Listed (column totals added)			X	\$ <u>990</u>	,000	
		D. FEDERAL SIGNATURE					
sig	ne issuer has duly caused this notice to be signed by the upparture constitutes an undertaking by the issuer to furnish formation furnished by the issuer to any non-accredited involves.	to the U.S. Securities and Excl	hange (	Commission, upor	d under I n written	Rule 505, request o	the following f its staff, the
		Signature	1	<del></del>	Date	//-	
To	opline Solutions Inc.	Men Jak				123	12008
		Title of Signer (Print or Type) Vice President					<del></del>

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

